



**IRON HORSE
AUTHORIZATION TO OBTAIN MEDICAL TREATMENT
FOR A MINOR CHILD**

This Agreement is made effective as of the _____ day of _____, 20____ (hereinafter "Effective Date") by and between Christine Johnston Enterprise, Inc. d/b/a Iron Horse (hereinafter referred to as "Iron Horse") and _____ (hereinafter referred to as "Parent").

Iron Horse is hereby authorized to obtain any and all medical treatment Iron Horse deems reasonably necessary for my minor child/children.

Parent or guardian agrees to bear any cost connected therewith and shall pay all bills promptly upon receipt of bill from health care provider. Iron Horse shall incur no financial liability whatsoever for medical treatment obtained pursuant to this authorization.

Name of Child	Child 1:	Child 2:
Social Security number of child		
Health Insurance Carrier for child		
Plan or Identification number of child		
Primary Health Care Provider of child		

Signature of Parent or guardian

Date signed

Signature of Christine Johnston

Date signed